

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
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TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	22						TOTAL DEP.				
TOTAL CLAIMS	25						TOTAL CLAIMS				